

Introduced by Senator Lara

February 10, 2016

An act to amend Section 14007.8 of the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 997, as introduced, Lara. Health care coverage: immigration status.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law extends eligibility for full-scope Medi-Cal benefits to individuals under 19 years of age who do not have, or are unable to establish, satisfactory immigration status, commencing after the Director of Health Care Services determines that systems have been programmed for implementation of this extension, but in no case sooner than May 1, 2016.

Existing law requires individuals under 19 years of age enrolled in restricted-scope Medi-Cal at the time the director makes the above-described determination to be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, pursuant to an eligibility and enrollment plan, as specified. Existing law requires an individual who is eligible pursuant to these provisions to enroll in a Medi-Cal managed care health plan, where available, but does not preclude a beneficiary from being enrolled in any other children's Medi-Cal specialty program that he or she would otherwise be eligible for.

This bill, until January 1, 2019, authorizes the enrollment of eligible children who, as of May 1, 2016, were enrolled in comprehensive,

low-cost coverage provided by a health care service plan with a total enrollment in excess of five million lives, in full-scope Medi-Cal with the same health care service plan, notwithstanding any other law or existing Medi-Cal managed care contract. The bill would prohibit the child from being enrolled in fee-for-service Medi-Cal or another Medi-Cal managed care plan unless a responsible adult seeks enrollment in fee-for-service Medi-Cal or another Medi-Cal managed care plan after the child obtains full-scope Medi-Cal benefits. The bill would require the department to provide notice to the family before the child's transition to full-scope Medi-Cal, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) No child in California should endure suffering and pain due
4 to a lack of access to health care services.

5 (b) Expanding access and increasing enrollment in
6 comprehensive health care coverage benefits the health and welfare
7 of all Californians.

8 (c) Through the enactment of Senate Bill 75, the California
9 Legislature has extended eligibility for full-scope Medi-Cal benefits
10 to all children in California, regardless of immigration status.

11 (d) Prior to the enactment of Senate Bill 75, some children who
12 otherwise would have been ineligible for full-scope Medi-Cal
13 benefits as a result of their immigration status obtained
14 comprehensive, low-cost coverage as a result of the community
15 benefit program of a health care service plan with an enrollment
16 of more than 5,000,000 Californians. It is the intent of the
17 Legislature in enacting this act to provide for continuity of care
18 for these children, while allowing them to be enrolled in full-scope
19 Medi-Cal.

20 SEC. 2. Section 14007.8 of the Welfare and Institutions Code
21 is amended to read:

22 14007.8. (a) (1) After the director determines, and
23 communicates that determination in writing to the Department of
24 Finance, that systems have been programmed for implementation
25 of this section, but no sooner than May 1, 2016, an individual who

1 is under 19 years of age and who does not have satisfactory
2 immigration status or is unable to establish satisfactory immigration
3 status as required by Section 14011.2 shall be eligible for the full
4 scope of Medi-Cal benefits, if he or she is otherwise eligible for
5 benefits under this chapter.

6 (2) (A) Individuals under 19 years of age enrolled in Medi-Cal
7 pursuant to subdivision (d) of Section 14007.5 at the time the
8 director makes the determination described in paragraph (1) shall
9 be enrolled in the full scope of Medi-Cal benefits, if otherwise
10 eligible, pursuant to an eligibility and enrollment plan. This plan
11 shall include outreach strategies developed by the department in
12 consultation with interested stakeholders, including, but not limited
13 to, counties, health care service plans, consumer advocates, and
14 the Legislature. Individuals subject to this subparagraph shall not
15 be required to file a new application for Medi-Cal.

16 (B) The effective date of enrollment into Medi-Cal for
17 individuals described in subparagraph (A) shall be on the same
18 day on which the systems are operational to begin processing new
19 applications pursuant to the director's determination described in
20 paragraph (1).

21 (C) Beginning January 31, 2016, and until the director makes
22 the determination described in paragraph (1), the department shall
23 provide monthly updates to the appropriate policy and fiscal
24 committees of the Legislature on the status of the implementation
25 of this section.

26 (b) To the extent permitted by state and federal law, an
27 individual eligible under this section shall be required to enroll in
28 a Medi-Cal managed care health plan. Enrollment in a Medi-Cal
29 managed care health plan shall not preclude a beneficiary from
30 being enrolled in any other children's Medi-Cal specialty program
31 that he or she would otherwise be eligible for.

32 (c) The department shall seek any necessary federal approvals
33 to obtain federal financial participation in implementing this
34 section. Benefits for services under this section shall be provided
35 with state-only funds only if federal financial participation is not
36 available for those services.

37 (d) The department shall maximize federal financial participation
38 in implementing this section to the extent allowable.

(e) This section shall be implemented only to the extent it is in compliance with Section 1621(d) of Title 8 of the United States Code.

(f) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department, without taking any further regulatory action, shall implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time any necessary regulations are adopted. Thereafter, the department shall adopt regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(2) Commencing six months after the effective date of this section, and notwithstanding Section 10231.5 of the Government Code, the department shall provide a status report to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations have been adopted.

(g) In implementing this section, the department may contract, as necessary, on a bid or nonbid basis. This subdivision establishes an accelerated process for issuing contracts pursuant to this section. Those contracts, and any other contracts entered into pursuant to this subdivision, may be on a noncompetitive bid basis and shall be exempt from the following:

(1) Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code and any policies, procedures, or regulations authorized by that part.

(2) Article 4 (commencing with Section 19130) of Chapter 5 of Part 2 of Division 5 of Title 2 of the Government Code.

(3) Review or approval of contracts by the Department of General Services.

(h) (1) In order to maximize continuity of care and coverage, children eligible for full-scope Medi-Cal pursuant to this section who, as of May 1, 2016, were enrolled in comprehensive, low-cost coverage provided by a health care service plan with a total enrollment in excess of five million lives, shall be enrolled in full-scope Medi-Cal with the same health care service plan, notwithstanding any other law or existing Medi-Cal managed care contract.

(2) A child subject to this subdivision shall not be enrolled in fee-for-service Medi-Cal or another Medi-Cal managed care plan

1 *unless, after the child obtains full-scope Medi-Cal benefits, a*
2 *responsible adult seeks enrollment in fee-for-service Medi-Cal or*
3 *another Medi-Cal managed care plan consistent with law.*

4 *(3) Before the child's transition to full-scope Medi-Cal pursuant*
5 *to paragraph (1), the department shall provide the family with*
6 *timely, linguistically appropriate notice of the transition.*

7 *(4) This subdivision shall be implemented only until January 1,*
8 *2019.*

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